

NORTH DAKOTA DEPARTMENT OF INSURANCE
SERFF Retaliatory Filing Fee Form ND2000
SFN 51680 (5/98)

The attached check(s) is/are payment for the following policy, form and rate filing(s) submitted via the State Electronic Rate and Form Filing system (SERFF).

Type of Insurance (TOI):
Check Number:
Company Name:
SERFF Filing Number:
Date of SERFF Filing:
Amount of check:

Type of Insurance (TOI):
Check Number:
Company Name:
SERFF Filing Number:
Date of SERFF Filing:
Amount of check:

Contact person:
Phone number:
Date:

Mail to: North Dakota Department of Insurance
SERFF Retaliatory Filing Fee
600 East Boulevard Ave. - Dept. 401
Bismarck, ND 58505-0302